

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U **8891**

2 Fiscal Year Covered From

1/1/2004 Through 12/31/2004

3 Name and address of person filing

Name **JOHN LINDLEY**

P O Box Bldg Room No if any

Street **1360 MONUMENT ST.**

City **PACIFIC PALISADES**

State **CA** ZIP Code +4 **90272**

4 Name file number and address of labor organization

Name **IATSE LOCAL 600**

Labor Organization File Number **022852**

P O Box, Building and Room Number if any

Street **7755 SUNSET BVD.**

City **LOS ANGELES**

State **CA** ZIP Code +4 **90046**

5 Position in labor organization

NATIONAL EXECUTIVE BOARD MEMBER

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of
monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code +4

7 a Nature of Interest Transaction or Income

7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information
submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the
undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed

[Signature]

On

8-7-2005

Date

310 459-0590

Telephone Number

Name of Person Filing

JOHN LINDLEY

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name ACTIVE REMOTE LLC

Trade Name if any

P O Box Bldg Room No if any

Street 11711 1/2 PICO BLVD

City LOS ANGELES

State CA

ZIP Code + 4 90064

9 Business deals with

a Labor Organization

b Trust

☒ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

Dozens of employers, too numerous to identify

11 a Nature of such dealing Active Remote rents camera cranes to more than 100 producers of motion pictures each year, some of whom are employers whose employees (some of them) are represented by Local 600. The rental fees charged are set at market value, and do not vary based on whether the renter is such an "employer".

11 b Approximate dollar value of such dealing \$275,000 - 340,000.00

12 a Nature of interest held or income received Such "employers"

I AM ONE OF TWO, EQUAL GENERAL PARTNERS OF ACTIVE REMOTE, LLC THE TWO PARTNERS EQUALLY DIVIDE THE PROFITS OF THE PARTNERSHIP

12 b Amount My portion of 2004 Profits - approximately \$30,000.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer

or Consultant ?

14 b Amount of payment